2007 California Rules of Court

Rule 1.100. Requests for accommodations by persons with disabilities

(Subd (a) repealed effective January 1, 2007; previously amended effective January 1, 2006.)

(a) Definitions

As used in this rule:

(1) "Persons with disabilities" means individuals covered by California Civil Code section 51 et seq.; the Americans With Disabilities Act of 1990 (42 U.S.C. §12101 et seq.); or other applicable state and federal laws. This definition includes persons who have a physical or mental impairment that limits one or more of the major life activities, have a record of such an impairment, or are regarded as having such an impairment.

(2) "Applicant" means any lawyer, party, witness, juror, or other person with an interest in attending any proceeding before any court of this state.

(3) "Accommodations" means actions that result in court services, programs, or activities being readily accessible to and usable by persons with disabilities. Accommodations may include making reasonable modifications in policies, practices, and procedures; furnishing, at no charge, to persons with disabilities, auxiliary aids and services, equipment, devices, materials in alternative formats, readers, or certified interpreters for persons with hearing impairments; relocating services or programs to accessible facilities; or providing services at alternative sites. Although not required where other actions are effective in providing access to court services, programs, or activities, alteration of existing facilities by the responsible entity may be an accommodation.

(Subd (a) amended and relettered effective January 1, 2007; adopted as subd (b) effective January 1, 1996; previously amended effective January 1, 2006.)

(b) Policy

It is the policy of the courts of this state to ensure that persons with disabilities have equal and full access to the judicial system. To ensure access to the courts for persons with disabilities, each superior and appellate court must delegate at least one person to be the ADA coordinator, also known as the access coordinator, or designee to address requests for accommodations. This rule is not intended to impose limitations or to invalidate the remedies, rights, and procedures accorded to persons with disabilities under state or federal law.

(Subd (b) adopted effective January 1, 2007.)

(c) Process for requesting accommodations

The process for requesting accommodations is as follows:

(1) Requests for accommodations under this rule may be presented ex parte on a form approved by the Judicial Council, in another written format, or orally. Requests must be forwarded to the ADA coordinator, also known as the access coordinator, or designee, within the time frame provided in (c)(3).

(2) Requests for accommodations must include a description of the accommodation sought, along with a statement of the impairment that necessitates the accommodation. The court, in its discretion, may require the applicant to provide additional information about the impairment.

(3) Requests for accommodations must be made as far in advance as possible, and in any event must be made no fewer than 5 court days before the requested implementation date. The court may, in its discretion, waive this requirement.

(4) The court must keep confidential all information of the applicant concerning the request for accommodation, unless confidentiality is waived in writing by the applicant or disclosure is required by law. The applicant's identity and confidential information may not be disclosed to the public or to persons other than those involved in the accommodation process. Confidential information includes all medical information pertaining to the applicant, and all oral or written communication from the applicant concerning the request for accommodation.

(Subd (c) amended effective January 1, 2007; previously amended effective January 1, 2006.)

(d) Permitted communication

Communications under this rule must address only the accommodation requested by the applicant and must not address, in any manner, the subject matter or merits of the proceedings before the court.

(Subd (d) amended effective January 1, 2006.)

(e) Response to accommodation request

The court must respond to a request for accommodation as follows:

(1) The court must consider, but is not limited by, California Civil Code section 51 et seq., the provisions of the Americans With Disabilities Act of 1990, and other applicable state and federal laws in determining whether to provide an accommodation or an appropriate alternative accommodation.

(2) The court must inform the applicant in writing, as may be appropriate, and if applicable, in an alternative format, of the following:

(A) That the request for accommodation is granted or denied, in whole or in part, and if the request for accommodation is denied, the reason therefor; or that an alternative accommodation is granted;

(B) The nature of the accommodation to be provided, if any; and

(C) The duration of the accommodation to be provided.

(Subd (e) amended effective January 1, 2007; previously amended effective January 1, 2006.)

(f) Denial of accommodation request

A request for accommodation may be denied only when the court determines that:

(1) The applicant has failed to satisfy the requirements of this rule;

(2) The requested accommodation would create an undue financial or administrative burden on the court; or

(3) The requested accommodation would fundamentally alter the nature of the service, program, or activity.

(Subd (f) amended effective January 1, 2007; previously amended effective January 1, 2006.)

) Review procedure

(1) An applicant or any participant in the proceeding in which an accommodation request has been denied or granted may seek review of a determination made by nonjudicial court personnel within 10 days of the date of the response by submitting, in writing, a request for review to the presiding judge or designated judicial officer.

An applicant or any participant in the proceeding in which an accommodation request has been denied or granted may seek review of a determination made by a presiding judge or another judicial officer within 10 days of the date of the notice of determination by filing a petition for xtraordinary relief in a court of superior jurisdiction.

) amended effective January 1, 2006.)

of accommodations

modation by the court must be provided for the duration indicated in the response to the accommodation and must remain in effect for the period specified. The court may provide dation for an indefinite period of time, for a limited period of time, or for a particular earance.

ded effective January 1, 2006.)

and renumbered effective January 1, 2007; adopted as rule 989.3 effective January 1, 1996; ffective January 1, 2006.

2006.

EXHIBIT

MEDICAL HISTORY

State of California, Department of Corrections – Institution: RJDCF Prior Page Number

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Use Name & Title Stamp.

Date/Time:	
4-4-05 1440	R/C & Med Eval: I/P is 48 y.o. on psychotropics intermittently x 8 yrs for (CC) "sleep and mood changes... swings... and violence, a little". I/P denies hx suicide attempts, current SI or HI. I/P reports he has mood swings "when I can't have my way." I/P notes this is his first term for assault c a deadly weapon. "Ever since then, I've been in a bad mood." He notes improving mood since starting on Prozac almost 1 month ago. Appetite is fine, sleep at 4-5 hours at [illegible]. DOC - EtOH (2-3 40oz beers). I/P c/o feeling tired c "no motivation at all." I/P reports hearing his name being called and peripheral shadows, no true AH or VH. I/P notes hypervigilance which he calls paranoia, but is more consistent c sense of entitlement. I/P also reports hypomanic episodes, but appears to be describing better times s true mood swings. Thinking focused on the inequities of the legal system & his perceived right to reclaim items which he reports were taken from

Page # 1 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 (3/21/96) Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V-72323 DOB / /

State of California, Department of Corrections – Institution: RJDCF — Prior Page Number: ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Use Name & Title Stamp.

Date/Time:

2-4-05
Cont'd

him. MSE: IP is in NAD, but focuses on desire for improved situation. No SI/HI/AH/VH/delusions. Thinking logical, IQ is WNL. Judgement & insight are limited.

Fam hx: IP reports father is Dx c "paranoid schizophrenic", & had problems c EtOH, & Rx'd c Prozac & Klonopin.

IP denies SE c Prozac or Seroquel.

A. I Mood disorder NOS
R/O Adjustment issues
II. Deferred
III. h/o of asthma
IV. first term
V. 60

Plan: ↑ Prozac, D/C Seroquel, add Remeron. RTC 3 week.

[signature] Colin

Page # 2 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES
MH 3 (3/21/96)

Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE
Inpatient
Outpatient

Last Name: Cunningham
First Name: James
MI:

CDC # V-72323 DOB _/_/_

MENTAL HEALTH TREATMENT PLAN

I. General Information

Treatment Setting **CCCMS**

Arrival Date This Treatment Setting: 1/16/2007

From: SCC

Current Level of Care: ☐ NONE ☑ CCCMS ☐ EOP ☐ MHCB ☐ OTHER

Current Housing: ☐ RC ☑ GP ☐ CTC ☐ ASU ☐ PSU ☐ SHU ☐ OTHER

TODAY'S DATE: 1/17/07

NEXT UPDATE: 1/17/08

Custody Level: MAX

EPRD: 2014

Date Reviewed: Initials: | Date Reviewed: Initials: | Date Reviewed: Initials:

II. CLINICAL SUMMARY

48 year old AA I/M who transferred from SCC on 1/12/07. He was transferred because of problems with other I/M's. He's diagnoses are: Depressive D/O, NOS + Psychotic D/O, NOS. He's taking Wellbutrin + Seroquel & Vistaril. Reports: insomnia, some depression + paranoia. He has a GED & went to San Diego State College. Has good family support.

III. PROBLEM LIST

Number	Problem	Intervention/Clinician	Goal	Progress / Date
1	~~Seroquel~~	[illegible]		
2	Depression	Cognitive Beh.	Sx reduction	Sx reduction - mild dep.
3	Psychosis	" "	Sx reduction	Sx reduction some paranoia
	ETOH	12 Step process	~~[illegible]~~ develop recovery plan	Positive thought process

IV. PSYCHOTROPIC MEDICATION

Number	Problem/Target Symptom	Medication	Goal	Progress / Date
1	Psychosis	Seroquel	Sx reduction	Reduced
2	Depression	Wellbutrin	Sx reduction	Reduced
3	Insomnia	Vistaril	Improve sleep	Problems

V. CURRENT RISK FACTORS/BEHAVIORAL ALERTS:

See Form Dated For Detailed Description

Summary: I/M's crime was assault with a deadly weapon; Hx of violent assault.

VI. RECOMMENDED HOUSING: ☐ Single Cell ☐ Double Cell ☒ No Recommendation

VII. TRANSFER/DISCHARGE TO: ☐ Non-MHSDS ☒ CCCMS ☐ EOP ☐ MHCB ☐ APP ☐ ICF ☐ DTP ☐ Parole

INSTITUTION **CMC-E** CLINICIAN **S. Rippner, PhD**

INMATE BED NUMBER 7268 DATE 1/17/07

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

Page 1 of 6

Name (Last, First, MI), CDC Number, DOB

Last Name: **CUNNINGHAM** First Name: **JAMES**

CDCR #: **V72323** DOB: **2/16/1958**

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Institution: CMC-E Clinician: S. Rippner, PhD Date:

III. Mental Status Examination

A. Appearance: Well groomed

B. Behavior/Cooperation: Cooperative

C. Orientation: ☒ WNL

D. Speech: ☒ WNL

E. Affect: ☒ WNL ~~Dysphoric~~

F. Mood: ☐ WNL Dysphoric

G. Sleep/Appetite: ☐ WNL "Sleep is terrible" – Has trouble going to sleep
appetite – fair

H. Cognition:

- Fund of Information ☒ WNL
- Intellectual Functioning ☒ WNL
- Concentration ☒ WNL
- Attention ☒ WNL
- Memory ☒ WNL

I. Though Processes: ☒ WNL ☐ Tangential ☐ Circumstantial ☐ Loose

J. Perception:

- Hallucinations ☐ None Hears voices saying "Hi or Hey"

K. Thought Content:

- Delusions ☐ None thinks he is going to jumped. It has happened before.
- Ideas of Reference ☒ None
- Obsessions ☒ None
- Magical Thinking ☒ None

L. Insight ☐ WNL fair

Judgment ☐ WNL fair

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

Name (Last, First, MI), CDC Number, DOB

Last Name:	First Name:
CUNNINGHAM	JAMES
CDCR #:	DOB:
V72323	2/16/1958

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MENTAL HEALTH TREATMENT PLAN

IX. DIAGNOSIS, CURRENT DSM

Axis I.	311	Depressive D/O, NOS
	298.9	Psychotic D/O, NOS
Axis II.	V71.09	No Diagnosis
Axis III.	Asthma, (2) Knee Injury	
Axis IV.	Incarceration	
Axis V.	GAF= 64 Specify Functional Impairment: Paranoid Behavior (Isolation)	
	☐ Work/School ☐ ADL ☐ Medical ☒ Interpersonal ☒ Behavior ☐ Psychological	

X. TREATMENT TEAM MEMBERS (Please Print) Team: CCC

Name	Position/Title	Signature
S. Rippner, PhD	Psychologist	

[signatures]

INSTITUTION CMC-E	CLINICIAN S. Rippner, PhD
INMATE BED NUMBER 7268	DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: CUNNINGHAM	First Name: JAMES
CDCR #: V72323	DOB: 2/16/1958

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

State of California, Department of Corrections: N / C / S Region, Service Area = N, Institution = SCC

MENTAL HEALTH TREATMENT PLAN: Sequential Part One Identifier Number Page 1 of 2

☑ Original ☐ Update ☐ Rejustification ☐ CCCMS Annual Case Review

I. General Information:	By:	
Arrival Date This Treatment Setting: 7/8/05 ☐ CCCMS ☐ EOP ☐ MHCB/Infirmary ☐ PSU -- ☐ ________ week observation. Anticipated Date of Transfer to GP: __/__/__	☐ Team ☐ Individual Clinician ☐ MH 6 ☐ C File ☐ Health Record ☐ Unit Health Record ☐ MH 1 ☐ MH 4 ☐ Prior MH 2 __/__/__	Today Date 7/21/05 Next Up Date 7/21/06
Custody Level: I / II / (III) / IV / AdS / SHU		

II. Print Treatment Team Members	Position	Telephone & Extension
Backlund, PhD.	Psych	
Otto, PhD	"	
Church, MD	Psychiat	
Pate CCI	Corr. Couns.	

III. Present Mental Status Date 7/14/05 By LANCASTER Title

A) Appearance ☐WNL

B) Behavior ☐WNL Speech ☐WNL

C) Mood ☐WNL Sleep ☐WNL Appetite ☐WNL Affect ☐WNL

D) Cognition:
1) Fund of Information ☐WNL
2) Intellectual Functions ☐WNL
3) Organization of Thought ☐WNL
4) Association of Thought ☐WNL
5) Reality Contact ☐WNL
6) Thought Quality ☐WNL

See MH 4 7/14/05

E) Perception Disturbances (Hallucinations) ☐ None

F) Thought Content (Delusions) ☐ None

G) Sensorium (Orientation, Memory, Attention, Concentration) ☐WNL

H) Insight & Judgment ☐WNL

I) Interview Attitude ☐WNL

J) Current Suicidality ☐None noted or stated.

K) Current Violence Risk ☐None noted or stated.

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V72323 DOB 2/16/58

Mental Health Treatment Plan Part One: Page 2 of 2

IV. DSM IV Numerical ☐Last MSE __/__/__ ☐Last TP __/__/__ MH 1☐__/__/__ Last MH 4 ☐__/__/__

Axis I	296.90	Mood Dis NOS
	303.90	ETOH
Axis II	799.9	Deferred
Axis III		
Axis IV		(current) Incarceration
Axis V		GAF = 64 Describe basis

V. Problem / Symptom List

#1 Depressive mood changes

#2

#3

VI. Inmate's Strength and Weakness, Goals Inmate's Treatment Goals, ☐ MH 6 Input

Depressive mood swings

VII. Plan estimate to transfer to lower level of care:

☐**Dual Diagnosis** Treatment Readiness ☐ Amenable ☐ Motivated ☐ Resistant

Signature(s)

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	**LEVEL OF CARE** Inpatient Outpatient	Last Name First Name MI Cunningham James CDC # V72323 DOB 2/16/58

State of California, Department of Corrections: N / C / S Region, Service Area = ___, Institution, ___

TREATMENT PLAN PART TWO: PROBLEM → # ___ pg. ___ **Today Date:** 7/21/05

☐Initial Treatment Plan ☐Update because ___ ☐Re-justify, ___ weeks

Prob. #	Describe Problem:	Possible Completion	Date
	Depressive mood	Next Review	Date
	Target Behavior(s): mood changes depressed		
	Target Objective(s): Reports fewer mood changes and not depressed		

Date	Intervention (s) & Staff Assigned.	Frequency and Duration.	Results.
7/21/05	med mgmt	Daily	
↓	cm contact	Q90	
↓	Inst Program	Daily	
↓	Declined Group	—	
7/21/06	IDTT annual		
	Cont. C3 LOC		
	interventions per above — [illegible] Moore, PhD		

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96]	LEVEL OF CARE	Last Name: First Name: MI:
Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	Cunningham James CDC # V72323 DOB 2/16/58

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
11-29-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☐ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS:	
	Battered on SCC III. Basically doing fine; not too upset. Says it was just politics. Discussed ASU issues	
	[signature]	

Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
11-28-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☐ WNL eyes are very red
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☐ WNL poor
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☐ Helpful
	Referral to psychiatrist needed ☑
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	Wants a meds adjustment. Will refer
	to psychiatrist tomorrow. Basically
	doing very well. Will go to ICC this week.
	[signature]
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE CCCMS	Last Name: First Name: MI: Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V72323 DOB __/__/__

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
3/30/07	—	Informed: Mr [illegible], though he seems to
		understands my feedback that I have seemed
		him clear psych indication to remove him [illegible],
		keep current appointment. (weight: 276 —
		discussed, labs 1/30 — [illegible]
		consult with medical Hep C.)
		[signature] MD
4/2/07	0935	Psychiatry followup / Patient request (3/21)
		S/O: He [illegible] like increased Benadryl, helps
		[illegible] which interferes with sleep.
	5'10" [illegible]	Taking the meds really helpful. Wellbutrin gives
		him energy, more motivation e.g. workouts, writes letters,
		calls family. [illegible] [illegible] has been
		called (nickname), can ignore. [illegible] ~~sleep~~,
		appetite [illegible] [illegible] wants to lose
		weight. Plan to [illegible] twice a day. Labs (1/30)
		[illegible] (Hep C). Weight: 276
		neatly groomed. Relevant [illegible]. Good eye
		contact. Good med compliance per MAR.
		[illegible] MDD with psychotic features, stable.
		PTSD. Hep C. [illegible] overweight (continued)

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, [illegible] V72373

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
3/30/07		Psychiatry Progress:
	10:20	S/O: Saw Mr. Heddleson. "He said he was
		going to call me in, but he didn't, so I
		waited until today." Associates to problems
		with school — poor attention span, rumination about
		inability to contact family, (Appeal left three pass).
		Before in school was partly in kitchen, "a stress
		relief." "I'm 32, I'm not getting a degree, I have
		got 7 years to go." "I don't want to be in the
		hole." Problem with med line MTA last weekend,
		told "I've given them to you when I had liberty," so did
		not get am/noon meds. "I didn't refuse them." "He had
		my conditions wrong high. He still called in the officers."
		MTA said patient was talking in the line. Got hot, mostly
		when policy not in place, closed in being, walked off, no
		confrontation. He has avoided that MTA, and still
		getting meds. Tolerates med well. No SI/HI,
		psychotic content. Linear thoughts. Adequate
		grooming, no agitation or irritability.
		A: Appears at baseline functioning otherwise,
		has solved MTA conflict issue for now. Stable
		P: He will discuss school w/ appropriate parties. Will (continued)

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, James V-72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

DATE	TIME	COMMENTS (USE S.O.A.P.E. FORMAT)
		IDTT:
		Inmate was seen and evaluated by Interdisciplinary Treatment Team.
		Treatment Plan and Mental Health Placement were reviewed and approved
		as indicated on 7388 dated 1/17/07.
		Team Recommends CCCMS Placement.
		S. Rippner, PhD S. Hedellen LCSW
3/23/07		— Psychiatry notes no show, passed. Barry [illegible] MD

INSTITUTION	CLINICIAN	BED NUMBER
CMC-E	S. Rippner, PhD	7268

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name: CUNNINGHAM
First Name: JAMES
CDCR #: V72323
DOB: 2/16/1958

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230-MH (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/24/07	1st Absentia	UCC INITIAL CLASSIFICATION: I/M received from SCC for
		☐ P.C. 2684 Evaluation and Return ☑ Mental health Treatment/Evaluation ☐ Out To Court
		☐ Medical Treatment and Return ☐ GP Housing ☐ Developmental Disabilities Program
		Endorsed ☐ PE ☐ EOP ☑ CCCMS ☐ Medical Necessity ☐ DD ☐ GP
		Release date: 12/3/2014 Custody: ~~MAX~~ MED A CustodyLevel: III 30 PTS
		Work Group Status D1 / D A/A Eff 12/17/05 T.A.B.E. 6.2
		Assignment Wait Lists: ☑ Support ☑ Academic ☐ Vocation ☐ Project Change
		☑ PIA ☐ Developmental Disabilities Education Program ☐ None
		Controlling Offense: [illegible]
		Criminal History:
		Disciplinary History:
		Gang Affiliations: Uptown Blood
		Medical Issues: Asthma
		Sex Offenses:
		PIA Preclusions:
		Visiting Restrictions: -0-
		Comments:
		Dewoehl, CCSW

INSTITUTION	CLINICIAN	BED NUMBER
CMC-E		6264X

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230-MH (Rev. 06/06)

Confidential Client/Patient Information

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name: CUNNINGHAM First Name: JAMES

CDCR #: V72323 DOB: 2/16/1958

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/23/07		continued
		A: continue bupropion 300 mg (depression),
		quetiapine 600 mg QHS (paranoia, mood stabilization)
		Diphenhydramine 50 mg (combat insomnia/stimulus).
		D/C hydroxyzine (redundant) - check baseline
		labs - SMA18, TSH, CBC return in 4 to 6 weeks.
		[signature] MD
		B. Sugerman, M.D.

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, James V72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

COMMENTS (USE S. O. A. P. E. FORMAT)

follow-up: Age: 49 PD: 2014
... from Jamestown. Why in MHDS?
sleep; onset 2004, in jail; Hal..., SI,
depressed, hopeless, poor energy, anhedonic,
..., ruminated, persisted weeks. Prior
similar in length, symptoms, then drank - had
... symptoms with VH when drunk; violent,
...ression. ~~...~~ convicted of ADW 2004.
... an ... Also, had fight with peer, then
..., politics: He is Blood 'I could go ...
..., Has friends on the yard knew from ...
SI, HI, no psychotic content. Family Psych Hx -
...pression, ... At times has flashbacks, hyper-
... violence. I'm ... for the ...
...meth, cannabis (insufflated) ...
Exam: well developed, neatly groomed
...: questions, helps sleep, ... / Annual ... shot
... or ... Benadryl helps breath, sleep
exercise - calisthenics, walks laps. weight: 273
grooming, relevant ...
... current MDD with PTSD elements
Asthma (continued)

BED NUMBER | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

State of California, Department of Corrections–Institution: SCC Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES All Staff, Clinicians, Treatment Teams

Date/Time:	Use Name & Title Stamp
1/17/07	CCCMS-N/A (S) "I'm a little depressed & I have alot of paranoia. I was jumped at another prison by a couple of guys & I think it's going to happen again. Also I'm not sleeping. I just can't go to sleep. I think about suicide once in awhile but I never tried to kill myself. I'm not thinking about suicide now. I came here from SCC because of problems I was having with other I/Ms there. My Crime was ADW & my EPRD is 2014. I've got good relationship with my mother & my kids. I think that I have improved my life [illegible] I'm taking more responsibility for my behavior." (O) appeared stable, focused, coherent, & pleasant. (A) Depressive D/O, NOS & Psychotic D/O NOS. Has some depression & reports that he continues to be very paranoid. (P) Continue CCCMS. He attends one group for self esteem. It is recommended that he also be in a 12 step oriented group for his ETOH problem.
	[illegible signature]
	Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC# V72323 DOB 2/16/58

VOS 20399

CMC

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2007	7	8	9	10	11	12	13
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A
Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB				Current Placement: ☐ASU ☒OHU			
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]						
Weekly Summary	Transferred to another facility 1-8-07 420						

SEE MAR

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

CMC

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : __ __

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2007	7	8	9	10	11	12	13
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A

SEE MAR

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB   Current Placement: ☐ASU ☒OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature							

Weekly Summary

Transferred to another facility 1-8-07 428

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
1-5-07	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front:
	Doing fine no problems to report. Appeared
	alert and cheerful. Declined an individual
	visit; transferring on Mon.
	[signature]
	L. Allen, Ph.D
	Staff Psychologist
	Sierra Conservation Center Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
12-29-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☑ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Seen at cell front: Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.	

L. Allen, Ph.D
Staff Psychologist
Sierra Conservation Center

Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12·27·06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☐ ~~WNL~~ poor
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☐ Helpful
	Referral to psychiatrist needed ☑
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	Doing better. Received letters and pictures of
	family. Also received needed legal paperwork. Will
	see psychiatrist tomorrow.
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center
	Page # ____

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: First Name: MI: Cunningham, James CDC # V-72323 DOB __/__/__

State of California, Department of Corrections – Institution: SCC

Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	17	18	19	20	21	22	23
Suicidal Ideation	None Noted (circled) Mild Serious	None Noted (circled) Mild Serious	None Noted (circled) Mild Serious	None Noted (circled) Mild Serious	None Noted (circled) Mild Serious	None Noted (circled) Mild Serious	None Noted (circled) Mild Serious
Mood	Euthymic Angry Elated Anxious Depressed Sad WNL (circled)	Euthymic Angry Elated Anxious Depressed Sad WNL (circled)	Euthymic Angry Elated Anxious Depressed Sad WNL (circled)	Euthymic Angry Elated Anxious Depressed Sad WNL (circled)	Euthymic Angry Elated Anxious Depressed Sad WNL (circled)	Euthymic Angry Elated Anxious Depressed Sad WNL (circled)	Euthymic Angry Elated Anxious Depressed Sad WNL (circled)
Affect	Broad Restricted Flat Incongruent Blunted Hostile WNL (circled)	Broad Restricted Flat Incongruent Blunted Hostile WNL (circled)	Broad Restricted Flat Incongruent Blunted Hostile WNL (circled)	Broad Restricted Flat Incongruent Blunted Hostile WNL (circled)	Broad Restricted Flat Incongruent Blunted Hostile WNL (circled)	Broad Restricted Flat Incongruent Blunted Hostile WNL (circled)	Broad Restricted Flat Incongruent Blunted Hostile WNL (circled)
Orientation	X1 X2 X3 X4 (X4 circled)	X1 X2 X3 X4 (X4 circled)	X1 X2 X3 X4 (X4 circled)	X1 X2 X3 X4 (X4 circled)	X1 X2 X3 X4 (X4 circled)	X1 X2 X3 X4 (X4 circled)	X1 X2 X3 X4 (X4 circled)
Cooperation	yes (circled) no semi	yes (circled) no semi	yes (circled) no semi	yes (circled) no semi	yes (circled) no semi	yes (circled) no semi	yes (circled) no semi
Sleep	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor
Appetite	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor
Hygiene	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor	good (circled) fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☑CCCMS ☐EOP ☐MHCB   Current Placement: ☑ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	[signature]	KC	KC

Weekly Summary

12/23/06 I/m shows no S/S of acute mental health decompensation. KC

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # Y-72323 DOB __/__/__

1-4-07

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
12-22-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☑ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Seen at cell front. Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.	

L. Allen, Ph.D
Staff Psychologist
Sierra Conservation Center

Page # ____

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	Cunningham
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	10	11	12	13	14	15	16
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB

Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature							

Weekly Summary

12/16/06 I/M is responsive, stable & in no acute mental health distress — LPT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

CMC

State of California, Department of Corrections -- Institution: SCC Prior Page Number: ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date 12/31/06	31	1	2	3	4	5	6
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	KC	KC	KC	KC	KC	KC	KC

Weekly Summary

1/6/07 I/M is stable & shows no acute M.H. distress - KC

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB

#2

State of California, Department of Corrections – Institution: SCC Prior Page Number: ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	24	25	26	27	28	29	30
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic Angry Elated Anxious Depressed Sad WNL	Euthymic Angry Elated Anxious Depressed Sad WNL	Euthymic Angry Elated Anxious Depressed Sad WNL	Euthymic Angry Elated Anxious Depressed Sad WNL	Euthymic Angry Elated Anxious Depressed Sad WNL	Euthymic Angry Elated Anxious Depressed Sad WNL	Euthymic Angry Elated Anxious Depressed Sad WNL
Affect	Broad Restricted Flat Incongruent Blunted Hostile WNL	Broad Restricted Flat Incongruent Blunted Hostile WNL	Broad Restricted Flat Incongruent Blunted Hostile WNL	Broad Restricted Flat Incongruent Blunted Hostile WNL	Broad Restricted Flat Incongruent Blunted Hostile WNL	Broad Restricted Flat Incongruent Blunted Hostile WNL	Broad Restricted Flat Incongruent Blunted Hostile WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☑CCCMS ☐EOP ☐MHCB Current Placement: ☑ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	[signature]	[signature]	[signature]

Weekly Summary

12/30/06 – I/m alert, responsive and appears in no acute mental distress. [signature]

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

1-17-07

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
12-15-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☑ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Seen at cell front. Doing fine no problems to report. Appeared alert and calm. Accepted an individual visit.	

[signature]

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: Cunningham First Name: MI:
MH 3 [3/21/96]	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB _/_/_

State of California, Department of Corrections – Institution: [illegible] Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	RC MD	Use Name & Title Stamp
5/18/05	S/O – sleep is poor. He [illegible]	
12[illegible]	He is [illegible] 12th [illegible]	
	no [illegible] [illegible]	
	[illegible]	
	A – [illegible] mood sx	
	P – [illegible] 30 [illegible]	
	c [illegible] (last [illegible] 110 4/6/05)	
	c RTC 4 [illegible]	
		JOHN C. [illegible]ESTON, M.D. Staff Psychiatrist H.J.D.C.F.
6/22/05	RC MD	
10[illegible]	S/O – will re-check labs ([illegible] 24) He is	
	[illegible] to [illegible] SQ to 600 – He is	
	[illegible] He is [illegible]	
	[illegible]	
	[illegible]	
	A – [illegible]	
	P – [illegible] SQ 600 [illegible]	
	c [illegible]	
	c RTC 4 [illegible]	JOHN C. [illegible]
		Staff Psychiatrist H.J.D.C.F.
7/27/05	[illegible] TC	
1??	NAD / no [illegible] / not SI/HI / stable, cpp	
	[signature]	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH-3 (3/21/96) Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient (circled)	Last Name: Cunningham First Name: MI: CDC # V-72373 DOB / /

State of California Department of Corrections Institution: ______ Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES — All Staff, Clinicians, Treatment Team

Date/Time: Psychiatric Notes — Use Name & Title Stamp.

4/26/05 S: c/o poor sleep, lost ID so missed a couple of Prozac's before he found it. Some dysphoria but continues to program. Occasionally hears name called. Denies thoughts of harming himself or others, delusions. Discussed lab — he says he was fasting (glu 110) + ↑'d LFT's. Hx IV Heroin and shared needles c̄ individuals who had hepatitis.

O: alert/oriented x3 / Good grooming, average eye contact. Linear speech s̄ evidence of hallucinations, delusions, SI, HI. Mood polite, mildly euphoric. Memory & judgment intact for safety.

A: Mood D/O NOS
Chemical Dependency
↑LFT's / Serum glucose

P: Δ Remeron to 15 B.I.D. to see if sleep ↑
Benadryl 100 PM
Continue Prozac
Refer Internal medicine
Follow 3 weeks. A. P. [illegible signature]

Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES
MH-3 (3/01/96)

Confidential Client/Patient Information See W&I Code Section 5328

LEVEL OF CARE

Inpatient

Last Name: First Name: MI:
Cunningham, James
CDC # V72322 DOB / /

State of California, Department of Corrections – Institution: RJDCF Prior Page Number: ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Use Name & Title Stamp.

Date/Time:	
4-4-05	R/C & Med Eval: I/P is 48 y.o. on psychotropics
1440	intermittently X 8 yrs for (CC) "sleep and
	mood changes... swings.... and violence,
	a little." I/P denies hx suicide attempts,
	current SI or HI. I/P reports he has
	mood swings "when I can't have my way."
	I/P notes this is his first term for assault
	c̄ a deadly weapon. "Ever since then, I've
	been in a bad mood." He notes improving
	mood since starting on Prozac almost 1
	month ago. Appetite is fine, sleep at
	4-5 hours on Seroquel. DOC - EtOH
	(2-3 40oz beers). I/P c/o feeling tired c̄
	"no motivation at all." I/P reports hearing
	his name being called and peripheral
	shadows, no true AH or VH. I/P notes
	hypervigilance which he calls paranoia,
	but is more consistent c̄ sense of
	entitlement. I/P also reports hypomanic
	episodes, but appears to be discussing
	better times s̄ true mood swings. Thinking
	focused on the inequities of the legal
	system & his perceived right to reclaim items
	which he reports were taken from

Page # 1 of 2

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH 3 (3/21/96)

Confidential Client/Patient Information See W & I Code, Section 5328

LEVEL OF CARE: Inpatient / Outpatient

Last Name: Cunningham First Name: James MI:

CDC # V-72323 DOB _/_/_